CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED	VOUCHER NUMBER
EDNY	LUIS HERNANDEZ	

3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
10-439 M			

7. IN CASE/MATTER OF *(Case Name)*	8. PAYMENT CATEGORY	9. TYPE PERSON REPRESENTED	10. REPRESENTATION TYPE *(See Instructions)*
USA V. HERNANDEZ	X Felony ☐ Petty Offense ☐ Misdemeanor ☐ Other ☐ Appeal	X Adult Defendant ☐ Appellant ☐ Juvenile Defendant ☐ Appellee ☐ Other	CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*

31 USC 5316

12. ATTORNEY'S NAME *(First Name, M.I., Last Name, including any suffix),* AND MAILING ADDRESS

DONALD DUBOULAY
401 BROADWAY, 25TH FLOOR
NEW YORK, NY 10013

Telephone Number : 212-966-3970

13. COURT ORDER

X O Appointing Counsel ☐ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's Appointment Dates:

☐ Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

☐ Other *(See Instructions)*

Signature of Presiding J

S/ Reyes

4/23/10
Date of Order

Repayment or partial repayment ordered appointment. ☐ YES ☐ NO

14. NAME AND MAILING ADDRESS OF LAW FIRM *(Only provide per instructions)*

CLAIM FOR SERVICES AND EXPENSES

	CATEGORIES *(Attach itemization of services with dates)*	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other *(Specify on additional sheets)*					
	(RATE PER HOUR = $) TOTALS:					
16. Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work *(Specify on additional sheets)*					
	(RATE PER HOUR = $) TOTALS:					
17.	Travel Expenses *(lodging, parking, meals, mileage, etc.)*					
18.	Other Expenses *(other than expert, transcripts, etc.)*					
	GRAND TOTALS (CLAIMED AND ADJUSTED):					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
FROM: TO:		

22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO
Other than from the Court, have you, or to your knowledge has anyone else, received payment *(compensation or anything of value)* from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney Date

APPROVED FOR PAYMENT — COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.

28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER	DATE	28a. JUDGE/MAG. JUDGE CODE

29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED

34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) *Payment approved in excess of the statutory threshold amount.*	DATE	34a. JUDGE CODE